

VI. PARENT(S)/GUARDIAN(S)

Complete as much information as possible. If you suspect the Parent /Guardian to be the Alleged Abuser, put an "X" in the box marked "ABUSER" below.

Name		SS#	<input type="checkbox"/> ABUSER	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Other no.	Relationship to Victim(s)	
Name		SS#	<input type="checkbox"/> ABUSER	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Other no.	Relationship to Victim(s)	
Name		SS#	<input type="checkbox"/> ABUSER	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Other no.	Relationship to Victim(s)	

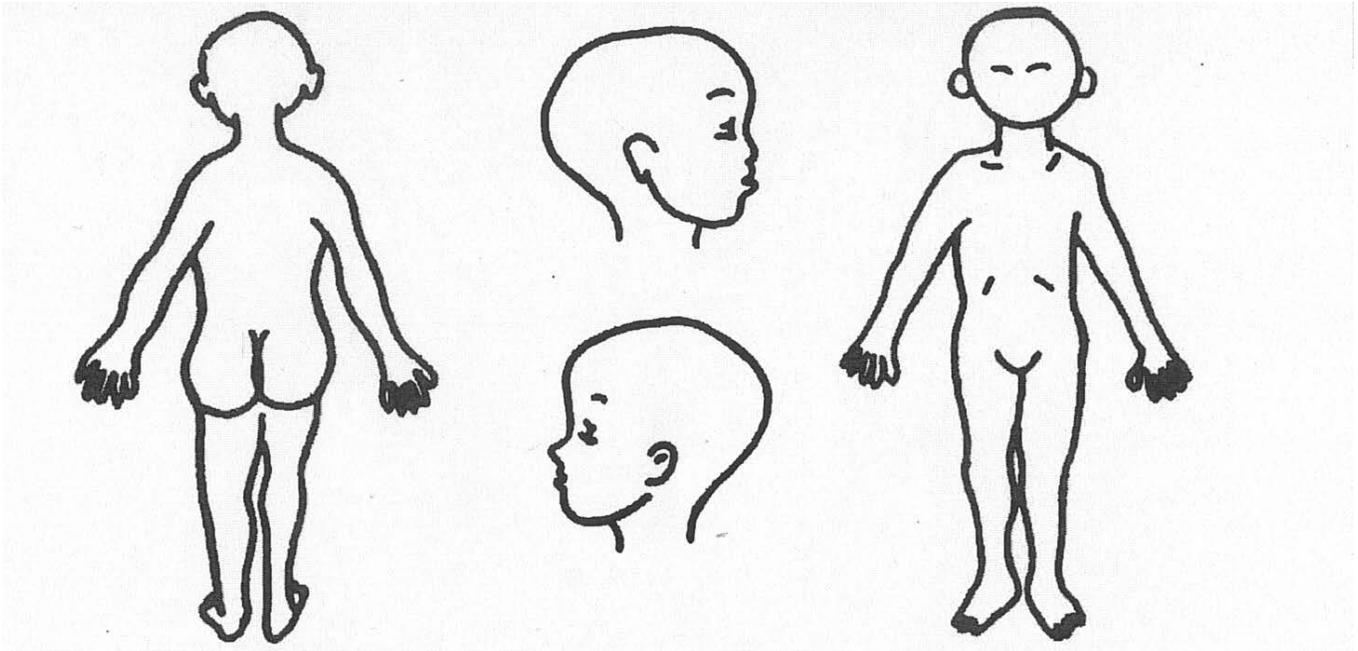
**VII. ALLEGED ABUSER(S)
(Other than the Parent / Guardian)**

Name		SS#	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Other no.	Relationship to Victim(s)
Name		SS#	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Other no.	Relationship to Victim(s)

VIII. BODY DRAWINGS

Show where bruises / injuries are located.

INDICATE SIZE & LOCATION OF WOUND/LACERATION WITH "X" FOR SUPERFICIAL AND "O" FOR DEEP. SHADE FOR BRUISES AND BURNS, BESIDE EACH INJURY, INDICATE COLOR, SHAPE, PATTERN AND TEXTURE.



EXAMINED BY MEDICAL DOCTOR: () Yes () No _____ (PRINT NAME) _____ (SIGNATURE)

EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: _____ (PRINT NAME) _____ (SIGNATURE)

IX. ACTION TAKEN

Explain action taken in this matter. (Use additional sheets if necessary)

X. OTHER INFORMATION

(Use additional sheets if necessary)

XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person)

Signature _____	Date _____
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